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Bib Data Sheet

CONFIRMATION NO. 6589

<b>SERIAL NUMBER</b> 09/912,900	<b>FILING DATE</b> 07/25/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> YYDD-1J
<b>APPLICANTS</b> J. David Derosier, Osterville, MA; Kris Hatashita, Kanata, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/220,686 07/25/2000 <i>18</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>10</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>15</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 25
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> landiorio & Teska 260 Bear Hill Road Waltham ,MA 02451-1018				
<b>TITLE</b> Communication device intervention system and method				
<b>FILING FEE RECEIVED</b> 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	